

H.R.1 (One Big Beautiful Bill Act)

Timeline of Key Provisions Impact in Missouri

Legend

-  Medicaid Financing
-  Medicaid Eligibility
-  SNAP
-  Other



July 4, 2025

Restriction on funding to certain family planning providers

Temporarily restricts federal funding for one year to certain 501(c)(3) providers that offer abortions, primarily deliver reproductive health services, and received at least \$800,000 in Medicaid payments in FY 2023, among other characteristics.



July 4, 2025

Freeze on New Medicaid State Directed Payments

Caps state directed payments in managed care programs at 100% of Medicare rates in expansion states and 110% of Medicare rates in non-expansion states. Grandfathered payments must be reduced by 10 percentage points per year starting in 2028.



July 4, 2025

Freeze on Current Provider Tax Rates

Prohibits new provider taxes on previously untaxed provider classes, caps overall tax rates at levels in place on date of enactment, and phases down hold harmless thresholds in expansion states, excluding Skilled Nursing Facilities (SNFs) and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IDDs). Taxes will be capped as they were structured on July 4, 2025. Cap goes into effect on October 1, 2026. Expansion state phase down begins in FY 2028.



September 2025

Elimination of Funding for SNAP-Ed

Sunsets funding for the SNAP-Ed program at the end of FY25 (September 30, 2025).



November 2025

Some Non-Citizens Removed from SNAP Eligibility

Limits SNAP eligibility to lawful permanent residents, certain Cuban and Haitian entrants, & individuals from the Compacts of Free Association nations, Excludes refugees, asylees, & other humanitarian groups.



December 2025

Rural Health Transformation Program

Establishes a \$50 billion grant program (FY 2026-2030) for states to improve rural health care delivery. States must implement at least three eligible activities; CMS must make award decisions by December 31, 2025.

Note: This timeline does not include all provisions from H.R.1.

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October 2026

Some Non-Citizens Removed from Medicaid Eligibility

Limits Medicaid and CHIP eligibility to lawful permanent residents, certain Cuban and Haitian entrants, and individuals from the Compacts of Free Association nations. Excludes refugees, asylees, and other humanitarian groups.



October 2026

Reduction in SNAP Administrative Federal Match

Effective beginning FY27 (October 1, 2026) and each year thereafter, reduces the federal portion of administrative costs from 50% to 25% and therefore increases the state's share of administrative costs to 75%.



December 2026

Medicaid Work Requirements for Adult Expansion Population

States must require certain expansion adults to complete 80 hours per month of work, education, or community service as a condition of eligibility. Applies to individuals ages 19-64, with limited exemptions and must be verified through ex parte processes. HHS must issue rule by June 1, 2026; States may request a good faith effort extension through December 31, 2028.

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December 2026

Eligibility Redeterminations Twice Annually for Adult Expansion Population

Requires Medicaid eligibility redeterminations every six months for adult expansion enrollees or those receiving Minimum Essential Coverage (MEC) through a waiver. Current 12-month requirement remains for all other populations. CMS guidance due by December 31, 2025.



January 2027

Limits on Medicaid Retroactive Coverage

Reduces retroactive coverage in Medicaid from up to three months to one month for expansion adults and two months for all other groups. For applications submitted on or after January 1, 2027.

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October 2027

SNAP State Share Requirement

Establishes that beginning in FY28 (October 1, 2027), state agencies will be required to pay a percentage of SNAP benefit allotments if they have a SNAP Quality Control Payment Error Rate (PER) above 6%. Of note, this language does not alter existing liability and financial penalty requirements for state agencies.

October 2028

Medicaid Co-Pay Requirements for Adult Expansion Population

Requires states to implement cost-sharing on expansion adults with income above 100% Federal Poverty Level. Caps charges at \$35 per service and 5% of income; excludes key services like primary care, behavioral health, and those provided in Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), and Certified Community Behavioral Health Clinics (CCBHCs).

October 2029

State Residency Data Verification for Medicaid

States must implement new systems and processes to:

- Regularly obtain and verify enrollee address information using reliable sources named in the bill.
- Submit monthly enrollee data including Social Security numbers to a new federal system monthly and at each eligibility determination or redetermination to identify individuals enrolled in more than one state.
- Disenroll individuals confirmed to be residing in another state unless they meet a federal exception.

October 2029

Expanded Definition of Medicaid Payment Error Rate

Beginning October 1, 2029, this provision expands the definition of "erroneous excess payments" under Medicaid to include payments made when there is insufficient information to verify a beneficiary's eligibility or when services are provided to ineligible individuals. It authorizes the Secretary of HHS to use state-conducted audits, in addition to federal audits, to determine if states exceed the 3% allowable error rate.

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